



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/500,318
		Filing Date	May 9, 2005
		First Named Inventor	Knights
		Group Art Unit	2883
		Examiner Name	Kianni, Kaveh C.
Total Number of Pages in This Submission		Attorney Docket Number	LT6400

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form Fee Authorized	<input checked="" type="checkbox"/> Assignment Papers <i>(for an Application)</i> Drawing(s)	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information Status Letter Other Enclosure(s) <i>(please identify below):</i>
<input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s)	<input checked="" type="checkbox"/> Licensing-related Papers Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input checked="" type="checkbox"/> Extension of Time Request Express Abandonment Request Information Disclosure Statement	Terminal Disclaimer	<input checked="" type="checkbox"/> RCE Postcard Check 2384 for \$1165.00
	Request for Refund	
	CD, Number of CD(s) _____	
	Remarks	
Certified Copy of Priority Document(s)		
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 5px; text-align: center;">(Insert Customer No. or Attach bar code label here)</div>
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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2326. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 7-25-07

By:

Phone: (760) 731-3091
Fax: (760) 728-1541

Attorneys for Applicant(s)

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: <u>7-25-07</u>			
Typed or printed name	TRAVIS DODD		
Signature		Date	<u>7-25-07</u>



FEE TRANSMITTAL

Attorney Docket No.	LT6400
First Named Inventor:	Knights
Application Number	10/500,318
Filing Date:	May 9, 2005
Examiner Name:	Kianni, Kaveh C.
Group/Art Unit:	2883

TOTAL AMOUNT OF PAYMENT:	\$ 1165.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 502326 Deposit Account Name: Lighteross, Inc. <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

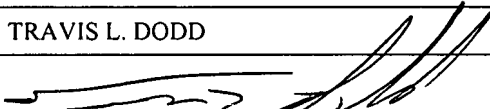
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 300.00	\$150.00	\$ 150.00
Total Claims	70 - 42 =	28	X \$ 50.00	X \$ 25.00	\$ 700.00
Independent Claims	5 - 3 =	2	X \$ 200.00	X \$ 100.00	\$ 200.00
Multiple Dependent Claim(s) (if applicable)			\$ 280.00	\$140.00	\$ 000.00
Total of above Calculations =					\$ 900.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 00.00
Total of above Calculations =			\$ 00.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Assignment Recordation Fee.	\$40	\$40	\$40.00
Two month extension of time.	\$450	\$225	\$225.00
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$265.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	7-25-07